

ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS

UNEMPLOYMENT COMPENSATION DIVISION

B241F

243967F THF



IMPORTANT NOTE: If your response is not received by 03/25/05 a determination may be made based solely on information furnished by the claimant.

PLAINTIFF'S
EXHIBIT

19

NOTICE OF CLAIM AND REQUEST FOR SEPARATION INFORMATION

ARMY FLEET SUPPORT LLC
PO BOX 620309
FORT RUCKER AL 36362-0309

Return to:

ADJUDICATION SUPPORT
ROOM 3438
649 MONROE STREET
MONTGOMERY, AL 36131
FAX NUMBER 334 353-1265

63/25 3417

The individual identified below has filed a claim for Unemployment Compensation benefits.

1. CLAIMANT'S NAME: HOUSTON/ SAMUEL PE
2. SOCIAL SECURITY NO: 262-27-9543
3. CLAIM DATE: 03/13/05
4. ACCT NUMBER: 0029775280

5. DATE MAILED: 03/17/05
6. EFFECTIVE DATE: 03/13/05
7. OFFICE-COUNTY: 6003
8. TYPE OF CLAIM: N-01

The claimant identified you as his/her last employer and alleges the reason for separation to be:
63 LEAVE OF ABSENCE LDW 09/07/04

EMPLOYER RESPONSE (INSTRUCTIONS FOR COMPLETION ON REVERSE)

9. Claimant's last day employed was 3/14/05
(If temporary layoff, enter expected date of recall: _____)

10. If the claimant earned wages or was paid vacation and/or sick pay or will receive a pension upon termination with you on or after the date shown in item #6, above, complete the applicable space(s) below:

a. GROSS WAGES for hours worked (AFTER DATE IN #6) \$ _____
b. HOLIDAY \$ _____ paid for which holiday? _____
c. VAC, SICK \$ 1137.71 (net) Was vacation pay for a specific time period following separation? (circle one) Yes ☒ No ☐ If Yes what was the period? _____ to _____
d. WARN PAY \$ _____ paid for period _____ to _____
e. PENSION \$ _____ per month. Effective date: _____

11. DISCHARGED. What was the date of the final incident that caused the discharge? _____

12. WARNING FOR SAME OR SIMILAR INCIDENT (CIRCLE ONE) YES ☒ NO ☐ WARNING DATE: _____

13. QUIT: Date quit 3/14/05 Reason for quit Physical Disability

14. REASON FOR SEPARATION: (ATTACH ADDITIONAL SHEET IF NECESSARY)

15. Enter your federal identification number: _____

Liz Legiezo
Print Name

Receiving Staffing
Title

334-598-0433 3/22/05
Telephone No. Date